

FIGURE 1

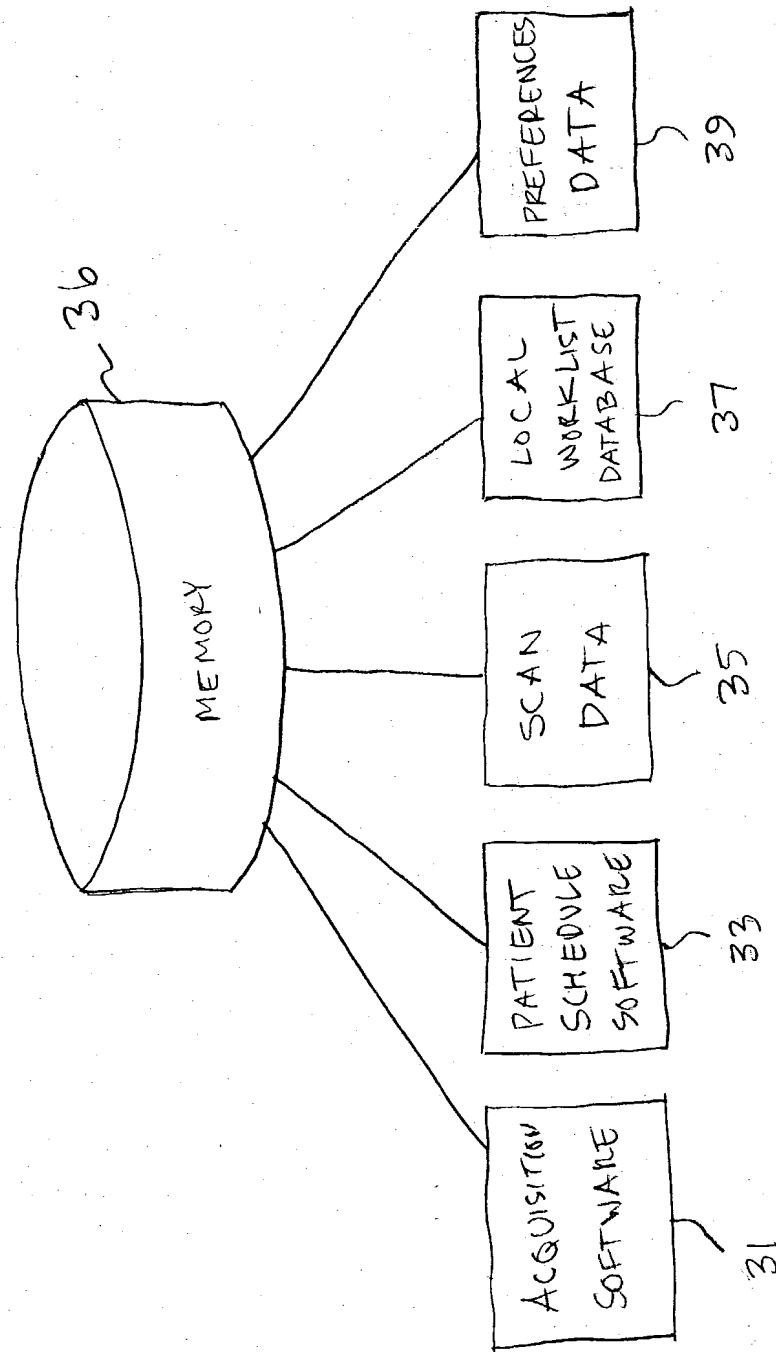


FIGURE 2

FIGURE 3

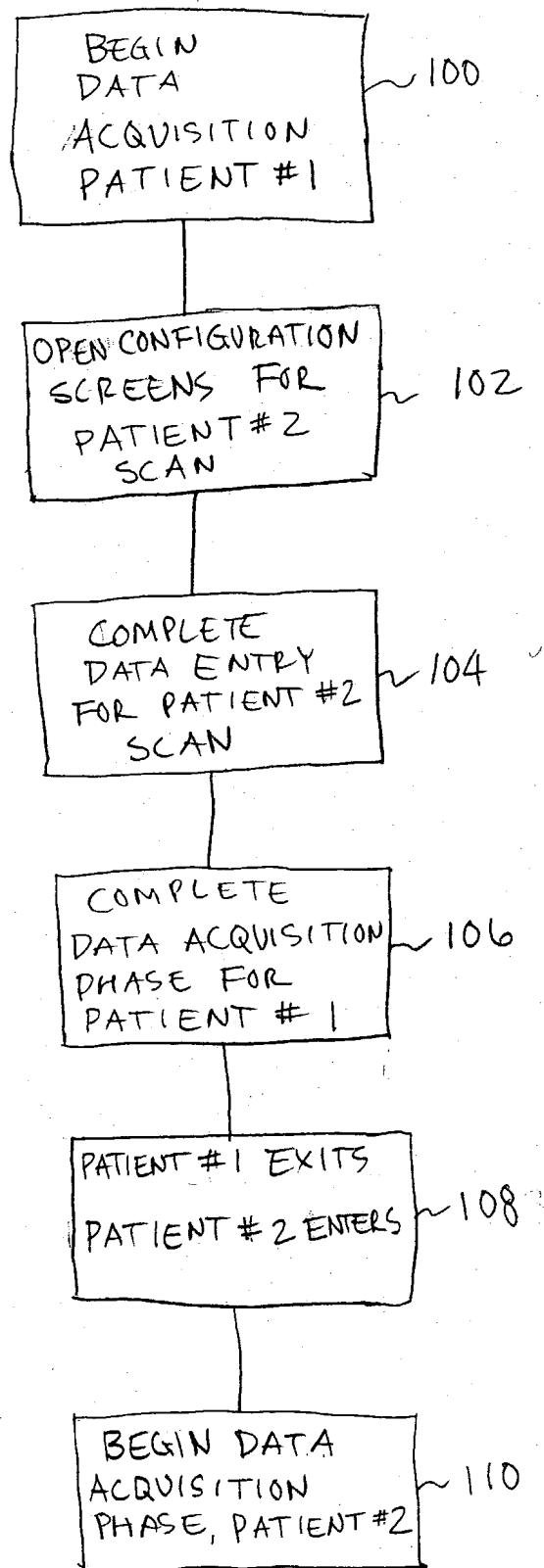
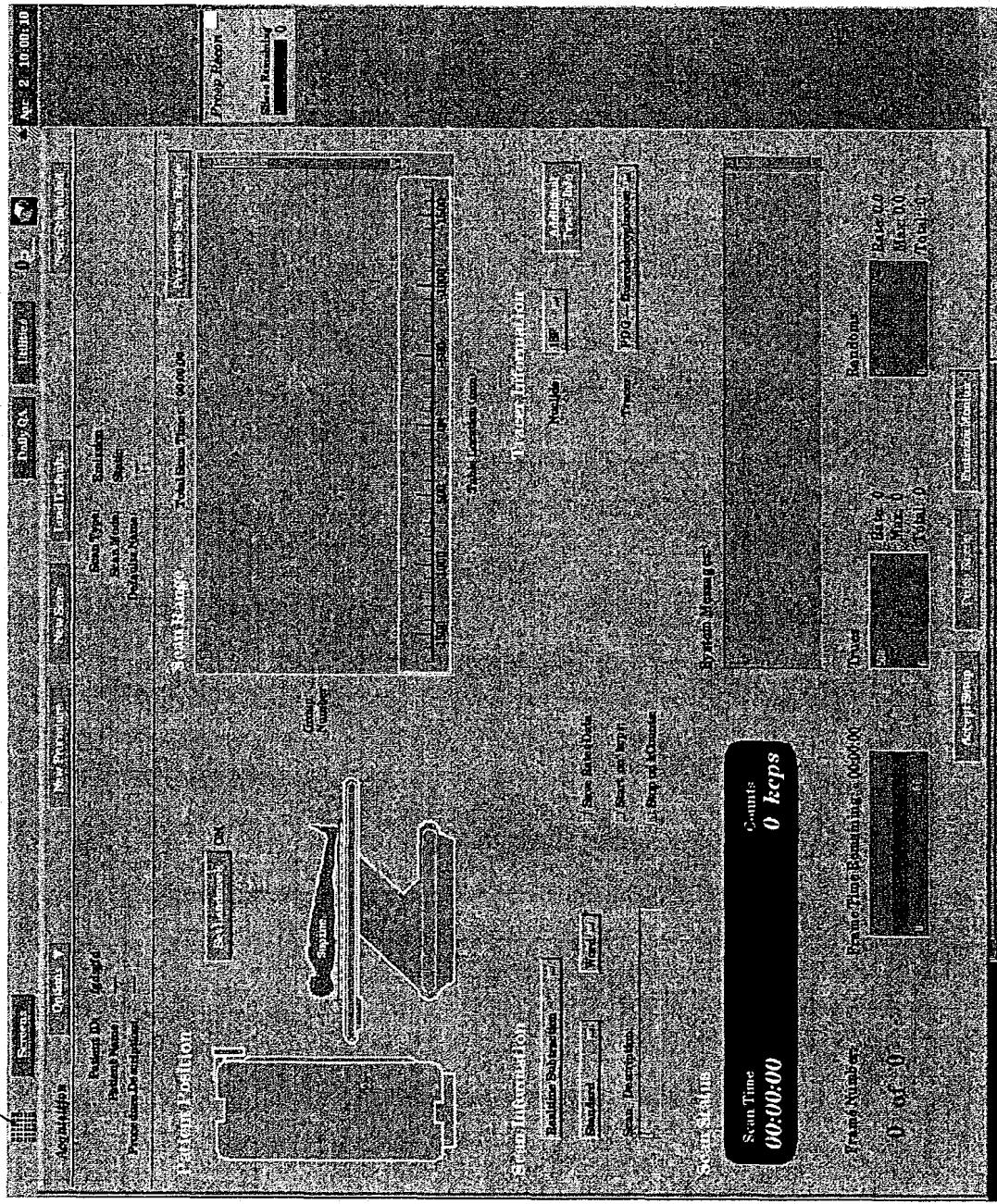


FIGURE 4

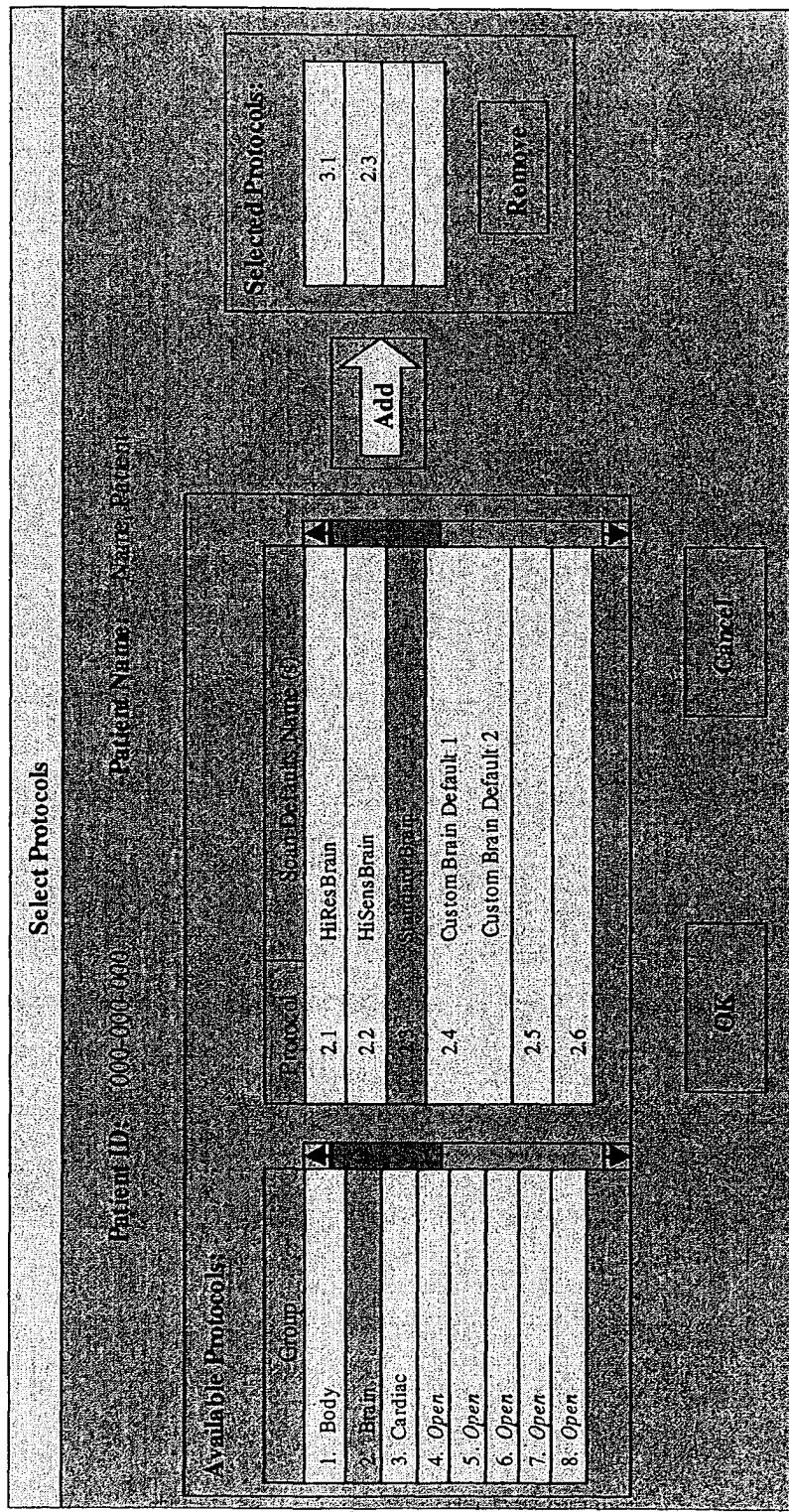
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## FIGURE 5

Add Tracer Information			
Patient ID:	0000000000	Procedure Description:	
Patient Name:	Name: Patient	Schedule Status:	Scheduled
Pre-Injection Assay			
Tracer Activity:	mcCi	MBq:	
Date:	dd / mm / yyyy	Time:	hh : mm : ss
Tracer Volume:	ml	AM:	<input checked="" type="radio"/>
Batch Description:		PM:	<input type="radio"/>
Injection Time			
Date:	dd / mm / yyyy	Time:	hh : mm : ss
Tracer Activity:	mcCi	MBq:	
Date:	dd / mm / yyyy	Time:	hh : mm : ss
Post-Injection Assay			
Tracer Activity:	mcCi	MBq:	
Date:	dd / mm / yyyy	Time:	hh : mm : ss
AM:	<input type="radio"/>	PM:	<input checked="" type="radio"/>
Cancel			
OK			

FIGURE 6



View Patient Information

Patient ID:	0000000000	Procedure ID:	0000000000
Patient Name:	Name Patient		
Exam Date:	07/22/2002	Initials:	88
Exam Time:	0:00 PM		
Date of Birth:	07/22/1976	Initials:	92
Sex:	Male		
Protocol(s):	12		
Procedure Description:	2D Ultrasound, Abdomen		
Height:	64 in		
Weight:	180 lb		
Symptoms:	Abdominal pain		
Accession #:	0000000000		
Referring Physician:	Dr. Smith		
Investigator:	Smith		
Operator:		More Info	
			Print
			Close

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FIGURE 8

FIGURE 9

**Add Patient to Schedule**

Patient ID	<input type="text"/>
Patient Name	<input type="text"/>
Exam Date	<input type="text"/> mm/dd/yy
Exam Time	<input type="text"/> <input type="radio"/> AM <input checked="" type="radio"/> PM <input type="text"/> mm/yy/yy
Date of Birth	<input type="text"/>
Stay	<input type="radio"/> Inpatient <input checked="" type="radio"/> Outpatient
Protocol ID	<input type="text"/>
Procedure ID	<input type="text"/>
Procedure Description	<input type="text"/>
Height	<input type="text"/> in <input type="text"/> ft <input type="text"/> with <input type="text"/> in
Symptom	<input type="text"/>
Assessment	<input type="text"/>
Recommending Physician	<input type="text"/>
Intervention	<input type="text"/>
Observation	<input type="text"/>
Comments	<input type="text"/>
Signature	<input type="text"/>
Signature	<input type="text"/>

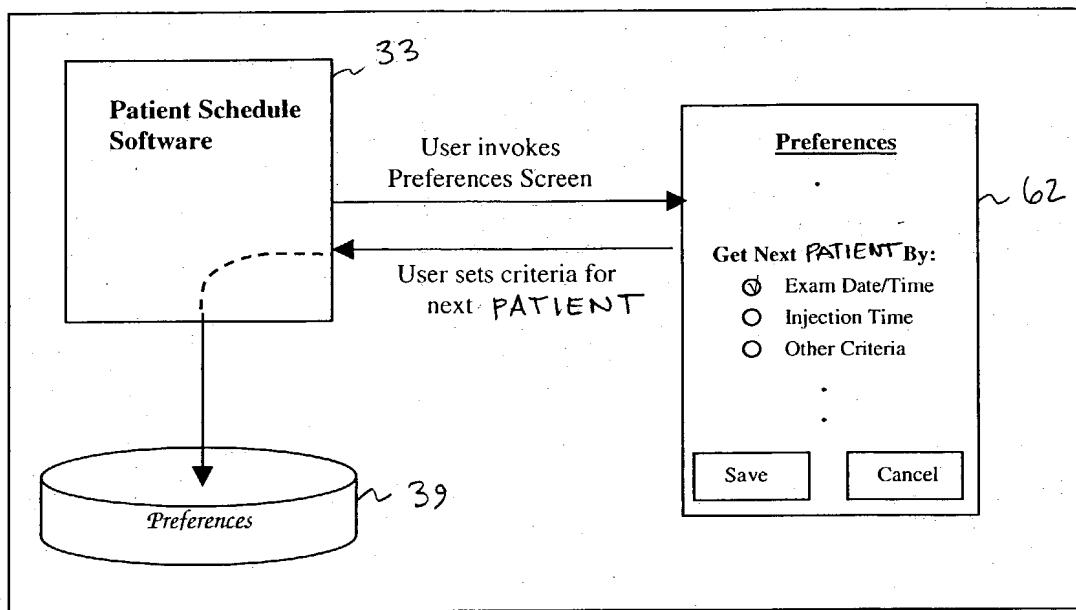


FIGURE 10

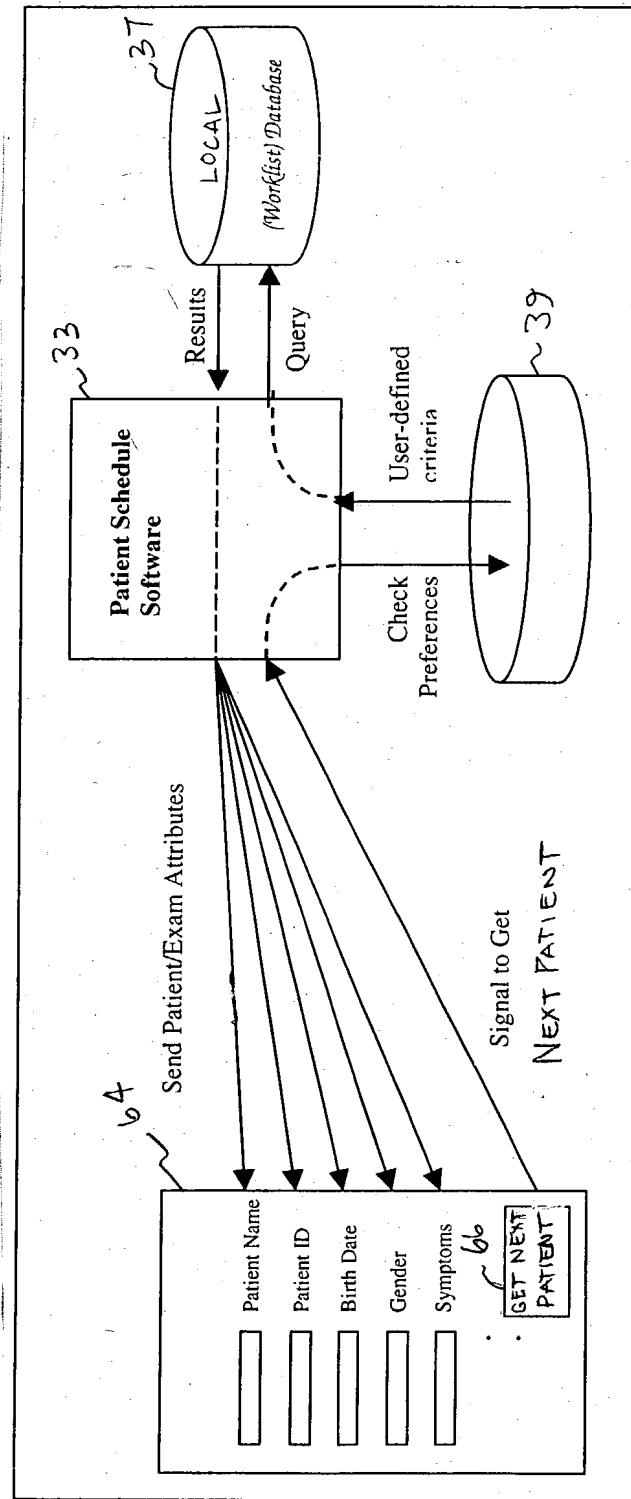


FIGURE 11